



MISSOURI DEPARTMENT OF REVENUE
**STATEMENT OF INCOME TAX PAYMENTS FOR
NONRESIDENT INDIVIDUAL PARTNERS OR
S CORPORATION SHAREHOLDERS**

**2004
FORM
MO-2NR**

DLN

FOR CALENDAR YEAR 2004 OR FISCAL YEAR BEGINNING			, 2004 AND ENDING		, 2005	
1. NAME OF PARTNERSHIP/S CORPORATION			DOR ONLY	2. MISSOURI TAX ID NUMBER		
ADDRESS				3. FEDERAL TAX ID NUMBER		
CITY OR TOWN	STATE	ZIP CODE	4. TYPE OF ENTITY <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Limited Liability Company (Treated as a Partnership)			
5. NAME OF PARTNER/SHAREHOLDER			6. SOCIAL SECURITY NUMBER			
ADDRESS			7. INCOME SUBJECT TO TAX		00	
CITY OR TOWN	STATE	ZIP CODE	8. MISSOURI INCOME TAX PAYMENT		00	
Partner/Shareholder copy — Keep this copy for your records				Copy A		

MO 860-2855 (11-2004)

This publication is available upon request in alternative accessible format(s).



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Attach to Form MO-1NR. See instructions for Line 1 of Form MO-1NR.				Copy C DOR ONLY		

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